

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 066383 RECEIPT DATE: 04 / 29 / 98  
A NUMBER: PCT/ IB96 / 01156 IA FILING DATE: 10 / 28 / 96  
AMILY NAME: PARTEN DELAY WAIVED (Y/N): Y  
IVEN NAME: WILLIAM DAVID DEMAND RECEIVED (Y/N): Y  
RIORITY CLAIMED (Y/N): Y PRIORITY DATE: 10 / 31 / 95  
O BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
TTOREY DOCKET NUMBER: 15258-317 COUNTRY: IBX  
ORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE  
AME: J GEORG SEKA  
TOWNSEND AND TOWNSEND AND CREW  
TREET: TWO EMBARCADERO CENTER  
8TH FLOOR  
ITY: SAN FRANCISCO  
TATE/COUNTRY: CA ZIP: 94111  
PPLICATION TITLES:  
STRUCTURED PACKING

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/066,383	04/29/98	261	1724	15258-317

APPLICANT WILLIAM DAVID PARTEN, MIDDLESBROUGH, GREAT BRITAIN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED *None*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/IB96/01156 10/28/96  
*lrb*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED UNITED KINGDOM 9522086.9 10/31/95  
*lrb*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GB3	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>cmb</i> Examiner's Initials _____	Initials _____				

ADDRESS:  
J GEORG SEKA  
TOWNSEND & TOWNSEND & CREW  
TWO EMBARCADERO CENTER  
8TH FLOOR  
SAN FRANCISCO CA 94111

TITLE: FLUID-FLUID CONTACTING APPARATUS

AMOUNT RECEIVED \$930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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